



University of Massachusetts Lowell
Honors Program
“A proud member of the Commonwealth Honors Program”

This form and your proposal must be turned in to the Honors Office **no later than the end of the second week of the semester** in which you start your project.

Name _____

SID Number _____

Expected semester & year of graduation _____

Local address _____

Phone number _____ Email address _____

Major(s) _____

Name of project advisor _____

Name(s) of additional committee members (at least one) _____

Duration of project (1 or 2 semesters) _____

Course name(s) and number(s) _____

PLEASE ATTACH A 1-2 PAGE PROPOSAL DESCRIBING THE WORK YOU PLAN TO ACCOMPLISH.

Student's signature _____ Date _____

I have approved the attached proposal and I agree to supervise this student's honors project.

Advisor's signature _____ Date _____

Committee Member(s) signature(s) _____ Date _____

Honor's Director's signature _____ Date _____
